

VIRGINIA STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
PO BOX 1157, RICHMOND VIRGINIA 23218 804-371-9631
Overnight Mailing Address: 1300 E. Main Street, Richmond, VA 23219

PIN3702
DEC 2003

APPLICATION FOR AGENCY LICENSE → FEE = \$50 (FIFTY DOLLARS) PER LICENSE TYPE

THIS APPLICATION FORM IS USED WHEN APPLYING FOR THE **ORIGINAL** LICENSE AND THE **RENEWAL** OF THE LICENSE.

The fee is paid on an annual basis, and the license must be renewed prior to June 1 of each calendar year. No matter when during the year that the license is issued, it expires on June 30.

This form is to be completed by a corporation, a limited liability company, or a partnership. A sole proprietorship is not required to be licensed as an agency. **The nonrefundable application processing fee must be by certified check, bank or teller's check, company check, or money order made payable to the State Corporation Commission. No personal or agency checks will be accepted unless certified, and no cash will be accepted.**

FEIN*		<input checked="" type="checkbox"/> box for license type requested: <input type="checkbox"/> 58 - Property and Casualty Consultant <input type="checkbox"/> 59 - Life and Health Consultant <input type="checkbox"/> 64 - Viatical Settlement Broker	
Agency Name*			
Business Address (Physical Street)*		P.O. Box	City, State, Zip*
Mailing Address		P.O. Box	City, State, Zip
Business Phone Number*	Business Fax Number	Business E-Mail Address	Business Web Site Address
Agency Trade Name (If different from agency name)			

State of Incorporation*	ID Number* (Assigned by Clerk's Office in VA)	Incorporation Date (MMDDYY)*
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OR

State of Organization*	ID Number*	Organization Date (MMDDYY)*
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OR

State Where Partnership Formed*	Recordation Date (MMDDYY)*
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PART 1 - CERTIFICATION

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT, HEREBY CERTIFIES THAT THE INFORMATION PROVIDED ON BOTH SIDES OF THIS APPLICATION IS TRUE AND CORRECT.

Signature

Title

Name (Printed)

Date

**PLEASE COMPLETE BOTH PAGES OF THIS FORM. FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED.
IF NOT APPLICABLE, MARK "N/A."**

FEIN: _____ Agency Name: _____

PIN 3702
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PART 2 - ALL APPLICANTS

1. Do you understand that if the agency is a partnership, each active partner and each employee who will sell, solicit, or negotiate insurance in the name of the firm, must obtain and hold a license of the same type or if the agency is a corporation, each officer, director, and employee who will sell, solicit, or negotiate insurance in the name of the corporation must obtain and hold a license of the same type?

☐ Yes ☐ No

2. Identify at least one licensed agent or viatical settlement broker associated with the agency (corporation, partnership, or limited liability company):

Name: _____ Social Security Number: _____

3. Has the agency ever been the subject of an administrative proceeding or disciplinary action of any kind regarding any insurance or other professional or occupational license, including: revocation or suspension of a license; refusal to issue or renew a license; fine or penalty; settlement or consent order; or agreement to voluntarily surrender a license as the result of a complaint or investigation?

☐ Yes ☐ No

If so, and you have not previously filed this information with this Bureau, attach a copy of the official document which demonstrates the charges and final judgment and a detailed explanation.

PART 3 - RESIDENTS ONLY

1. Virginia domiciled corporations, limited liability companies, or limited partnerships **must** attach a copy of its Certificate of Incorporation, Certificate of Organization, or Certificate of Limited Partnership issued by the Clerk's office.

PART 4 - NON-RESIDENTS ONLY

1. Attach a current (no more than 90 days old) certification from the state insurance department where the agency is incorporated/domiciled or where the principal office is located.
2. A copy of the "certificate of authority" issued by the Clerk of the Commission is required. The "certificate of authority" is available by contacting the Clerk's Office at 804-371-9733. Failure to provide a copy of the "certificate of authority" will result in the application being denied.

PART 5 - IMPORTANT NOTICE

Sections 38.2-1842 and 38.2-1865.5 of the Code of Virginia require each agency to report to the Commission and to every insurer that it represents any change in its address or name within 30 days, and to immediately notify the Commission upon adoption of an assumed or fictitious name (trade name).

In accordance with §§ 38.2-1838.B.3 and 1865.1 E, and by signing this application, except where prohibited by state or federal law, you hereby appoint the Clerk of the Commission the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of this license.

By applying for this license, you, on behalf of the agency, are agreeing that information relevant to its status as a licensed insurance agency in Virginia, including but not limited to its name, business address, FEIN, license and appointment status, and investigation or disciplinary action summary data may be reported to the National Association of Insurance Commissioners and to other state insurance regulatory authorities or other interested parties. By applying for licensure in the Commonwealth, you, on behalf of the agency are acknowledging that you are familiar with and agree to comply with the Insurance and Related Laws of Virginia.

THIS APPLICATION FORM IS USED WHEN APPLYING FOR THE **ORIGINAL** LICENSE AND THE **RENEWAL** OF THE LICENSE.

PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BLOCK.